

MO HEALTHNET OVERSIGHT COMMITTEE

MEETING MINUTES

April 15, 2019
221 Metro Drive
Jefferson City, MO

ATTENDANCE

Committee Members:

Tim McBride, Chair
Margaret Benz, Co-Chair
Todd Richardson, MHD Director
Representative Cora Faith Walker
Gerard Grimaldi
Dr. Bridget McCandless
Steve Corsi, Psy. D., DSS Director
Donna Siebeneck for Mark Stringer
Dr. Randall Williams, DHSS Director
Representative Jonathan Patterson

Members Absent:

Joe Pierle
Senator Jill Schupp
Dr. Ingrid Taylor
Mark Sanford
Mark Stringer, DMH Director
Carmen Parker-Bradshaw
Senator David Sater

DSS Staff:

Jessie Dresner, MHD
Helen Jaco, DFAS
Caitlin Whaley, DSS
Gail Luecke, MHD
Leann Hager, MHD
Darin Hackmann, MHD
Tony Brite, MHD
Bobbi Jo Garber, MHD
Ashley Wilson, MHD
Nanci Nikodym, MHD
Paul Stuve, MHD
Jamie Purnell, MHD
Patrick Luebbering, DSS/FSD
Guests:
Abigail Barker, Washington Univ.
Brian Kinkade, MHA
Nate Dugal, Blessing Health System
Leslie Henry, Blessing Health System

Jackie Schmitz, Sen. Schupp's office
Russ Oppenborn, Mo Care
Anna Deatherage, HDIS
Jim Moody, HB Strategies
Eden Schoepflin, Rep. Walker's Office
Jacqueline Wood, Governmental Svc. Group
Alisa Gordon, Milliman
Casey Hansen, Kids Win Missouri
Leanne Peace, Dialysis Clinic
Lexi Churchill, St. Louis Post Dispatch
Jessica Petrie, Winton Policy Group
Joel Ferber, Legal Service Eastern Mo
Katie Reichard, MPCA
Amy Schwartz, MHA
Brian Colby, MBP
Jim Moody, Moody & Assoc.
Alicia Johnson, Legal Aid of Western Mo

Handouts from the meeting may be found on the web at: <http://dss.mo.gov/mhd/oversight/meeting.htm>

AGENDA

Welcome/Introduction/Minutes

- Dr. Tim McBride, Chairman, called the meeting to order at approximately 12:05 p.m. Minutes of the February 14, 2019 meeting were reviewed and approved.
- Dr. McBride presented the Chairman's Report. This report also included an update on the Rural Health Subcommittee. ***The PowerPoint presentation is available online.***
- Dr. McBride gave a status update on committee vacancies. Senator David Sater and Representative Jonathan Patterson have been appointed by Governor Parson. The three remaining vacancies are for two physicians and one dentist. Nomination have been sent to the Governor's office for approval.

Director's Update

- Todd Richardson, MHD Director, reviewed the Pharmacy and MMIS sections of the McKinsey Rapid Response Report.

Pharmacy Section: Mr. Richardson reported that Missouri is only one of four states that continues to have a fee-for-service pharmacy program run by the state. MHD's pharmacy program is a combination of two things used for reimbursement - ingredient cost and professional dispensing fee. Our pharmacy program is well over \$1 billion dollars with a big portion financed by the State's rebate program.

There was also a discussion regarding the program's utilization trends.

- **Comment:** Dr. Bridgett McCandless asked if there was national utilization data to compare.
- **Comment:** Mr. Richardson will take a look at the data and see what he can find to compare the utilization trends across all payers.
- **Comment:** Dr. Randall Williams asked if we have a number of per member per month (PMPM) pharmacy costs compared to national trends of where we rank.
- **Comment:** Mr. Richardson said that MHD could take a look to see what that comparison would look like since we don't pay in a capitated fashion and part of the budget book is done on PMPM (especially for specialty drugs, etc.).

The report identifies a couple of potential options to improve the pharmacy program. MHD is already working on one of the biggest that revolves around uniform grandfathering for specific drug classes. Missouri is the only state in the country that allows this. Every class of drug is reviewed by the Drug Utilization Review Board on a quarterly basis. Some progress has been made in removing some of these grandfathered classes of drugs; however, not all classes of drugs will be taken off. For anyone interested, the PDL is available on the MHD website at <https://dss.mo.gov/mhd/cs/pharmacy/pages/clinedit.htm>.

Mr. Richardson briefly reviewed the six potential initiatives found on page 61 of the Rapid Response Report.

- **Comment:** Dr. Williams believes there will be a lot of national interest in the initiative regarding the value-based contracting waiver from CMS. He also believes it would be in our best interest to work closely with our federal partner, Congress and HHS. Mr. Richardson said the real question is how it will impact MO HealthNet.
- **Comment:** Dr. McBride asked which drugs are affected by the grandfathered initiative.
- **Action Item:** A list of the class of drugs affected by the grandfathering initiative will be presented at the next committee meeting.

Medicaid Management Information System (MMIS) Section: The current MMIS system is very complex and is a collection of systems and functionalities that run the program. It does a good job of processing transactions; however, it doesn't allow us a lot of flexibility—hard to update, hard to make changes, hard to find people to work in the COBOL type system, etc. The overall findings of the report shows that Missouri needs to make improvements and investments in the system and infrastructure. Missouri has a substantial amount of MMIS money spent with two vendors who work on the core of the system--Wipro and Conduent.

There are two projects that we are working on. The first project is the Program Integrity Solution that IBM is working on with MMAC. We anticipate that project to be completed within 12 months. The second and biggest project that we are working on with IBM is the Business Enterprise Solution Data Warehouse, which is designed to be a single source for all of the Medicaid data.

- **Action Item:** Acute Care Services will be discussed at the July 23, 2019 meeting and the sections on Managed Care and possibly Long-Term Care at the November 5, 2019 meeting. Committee members were asked to send items they would like to discuss regarding these sections to Mr. Richardson.
 - **Update:** Rather than reviewing these sections of the report as discussed in the April meeting, Mr. Richardson will provide updates on the progress of the Transformation initiatives in order to bring new committee members up to date.
- Nanci Nikodym gave an update on the Hospital Quarterly meetings. Four meetings have been held so far, with a fifth meeting set for May 30, 2019 at Truman Medical Center. Two additional work groups have been formed and are composed of individuals from MHD, DHSS, DMH, MHA, MCO's, and hospital groups. The Maternal Fetal Health group is headed by Teresa Wortmann, RN at MHD; their next meeting is scheduled for June 26. The Emergency Room Utilization group, is headed by Jamie Purnell, MHD; their next meeting is scheduled for June 3. Ms. Purnell said that the group is working on a report that should list ER visits by county.
 - **Comment:** Dr. McBride expressed interest in seeing the report of ER Visits by County for the Rural Health Sub-Committee when it is complete.

Health Plans Update

- Bobbi Jo Garber, MHD Managed Care Director, gave an update on the health plans. A contract amendment was just submitted to the plans and is due back May 2. A second amendment is being worked on for July 1. We are working towards giving the plans more time to review. We hope to have the language done for the second amendment by the end of April so we can start working with Mercer again to finalize things.
 - **Comment:** Gerard Grimaldi asked what the contract amendments were.

- **Comment:** Ms. Garber advised one pertained to the Alternative Chronic Pain language that went into place April 1 and others were associated with rates. There are also updates needed for the CCBHC Program that needs a State Plan Amendment (SPA) filed by July 1 since the current demonstration ends June 30.
- The next QA&I meeting is being held April 27. These meetings are held semi-annually. The April meeting will be devoted to working with the legal advocates to work through some hearing processes to improve the process for our managed care members and also for us to have a better understanding what these hearings are like. A new managed care rule went into effect last year and requires all Medicaid managed care members appeal through their managed care agencies first rather than contacting the state agency directly for State Fair Hearings. Participants still have the ability to request a State Fair Hearing if they choose after going through the MCO.
- Ms. Garber announced that the Extension for Community Health Care Outcomes ECHO program continues. This program is through the Managed Care Organization contracts, who work directly with Show Me ECHO. The intent is to help improve education for rural providers. Current programs are High Risk OB (there is a component for rural and one for urban areas), Neo-Natal Abstinence Syndrome and Opioid Use.

HEDIS Measures

- Paul Stuve, MHD Quality Manager, gave a presentation on HEDIS measures titled “Quality Metrics, Core Sets, and Scorecards.” ***The PowerPoint presentation is available online.***

Budget Update

- Tony Brite, MHD Finance Director, gave a brief update on the FY19 Supplemental and FY20 Budget items currently moving through the legislative process. Most of the open items are on the cost to continue and some open conference items. Mr. Brite also reported that the House has moved the Transformation funding from the Admin line to a separate line item and that the Senate has gone with the House on the \$34 million funding.

Public Comment

- Alicia Johnson, Legal Aid of Western Missouri, reported that one of the things their agency does is to assist disabled individuals that have been denied Medicaid and then review the case to see if it merits an appeal. Typically, when these cases are appealed, approximately 85% would be overturned; however, over the past 12 months, that rate has plummeted down to 10%. These cases aren’t any different than the cases that would have been overturned in previous months. These cases even went before the Medicaid Review Team and still denied. When this happens, it has to go to the Circuit Court.
 - **Comment:** Steve Corsi, DSS Director, suggested that Ms. Johnson contact Mark Gutchen with DSS Legal Services to look at these and do a case-by-case analysis of the trends on what might be happening.
- Joel Ferber, Legal Services of Eastern Missouri, talked about the decline in children’s enrollment (10% loss is the largest percentage drop in the country, five times the national average) and how the steep decline coincides with the reinstatement of the annual reviews. There was discussion regarding information that Mr. Ferber found in a Kaiser Commission Report stating Missouri had one of lowest no touch renewal as compared to other states.

Another big issue is that Missouri is not currently using information in its Food Stamps computer system to perform no touch renewals which results in the department asking families to provide paper verification causing more delays. Mr. Ferber said that the dysfunctional call centers, burdensome paperwork and the inability of receiving any help from the local FSD offices are other big issues that their clients face. When one of their clients goes to a local FSD office, they are often told that they can’t or won’t help them and are told to go on line or call the toll free number. This level of customer service is unacceptable.

Another issue of concern pertains to the Pharmacy section of the McKinsey Report. Pharmacy has worked better since it has been handled by clinical edits and not as complicated for his clients than when it was under managed care.

Mr. Ferber also noted that from the discussion earlier, there was less focus on the utilization controls than there was on the grandfathering issues. Placing utilization controls on things such as step therapy limits, quantity limits, and prior authorizations of psychotics are an area of concern. Not all drugs are interchangeable in certain classifications of drugs.

Legislative Update

- Caitlin Whaley gave an update on legislation that MHD is working on and/or following:
 - Renewal of the provider taxes - asking for a two-year extension rather than a year. There is also conversation about revamping the MCO provider tax; however, due to the way it is currently structured, CMS restrictions prevents this at this time.
 - Another sunset extension is in regards to the Ticket-To-Work program, which is a buy-in program for individuals with disabilities.
 - HB 466 - Allows structured family care for patients with Alzheimer under MO HealthNet. This bill would allow family members to care for family members with Alzheimer and be compensated.
 - SB 11 - Under this act any intermediate care or skilled nursing facility participating in MO HealthNet that incurs total capital expenditures in excess of \$2,000 per bed shall be entitled to obtain a recalculation of its Medicaid per diem reimbursement rate based on its additional capital costs or all costs incurred during the facility's fiscal year, during which such capital expenditures were made.
 - SB 70 – modifies provisions relating to consumer-directed services in the MO HealthNet program.
 - SB 393 - Requires the MO HealthNet benefits of offenders in correctional facilities and jails to be suspended rather than terminated.
 - HB 487 – Changes the laws regarding the dispensing of contraceptives. This bill has passed and is now in the Senate for consideration.

Family Support Division Update

- Patrick Luebbering, Director of the Family Support Division (FSD), presented the division update. ***The presentation is available on line.***
- There was a lengthy discussion on the drop in enrollment, especially for kids. Mr. Luebbering noted the different avenues in which someone can apply (online, through the exchange, call toll-free number, or go to a local FSD office). If you are aware of any instances where someone at a local office would not assist, please contact Mr. Luebbering or Kim Evans with the information so it can be researched.
 - **Comment:** Dr. McBride said he would like to know more about the 60,000 kids (how did they become ineligible, did their income go up, etc.). He said he would like to see a breakdown of this information. He is concerned about people being denied Medicaid when they really need it and shouldn't have been denied in the first place.
 - **Comment:** Mr. Richardson asked that we prepare a spreadsheet that compares enrollment with other states pre-ACA and current (where we are today).
 - **Comment:** Mr. Luebbering said they should be able to do the state-by-state comparison. He also gave more explanation as to why people churn.
- Mr. Luebbering advised that FSD is in the process of making changes to the notices. Language is changing and making it easier to understand. Subcommittee is meeting first week of May to review the changes.

NEXT MEETING

JULY 23, 2019

MO Coalition for Community Behavioral Healthcare
221 Metro Drive
Jefferson City, MO